



TELEPHONE MEDICAL ADVICE SERVICES BUREAU
1625 North Market Blvd., Suite S-209
Sacramento, CA 95834
(916) 574-7992



Provider List

List all in-state **and** out-of-state employees who will be providing telephone medical advice services to California patients. Include name of employee, date of birth (or SSN)*, California license number, category of license, and expiration date. The list and self-certification forms must be updated and submitted to the Department on a quarterly basis (unless there are no changes to report). You may make additional copies of this form for later use, or you may submit the information on a separate form using the same format.

Name of Employee	Date of Birth or SSN*	California License Number	Category of License	Expiration Date of License

*Date of birth is needed to positively identify the employee.